500	SOUTH	GRANT	STREET

OMRO	54963	Phone: (920) 685-2755		Ownership:	Limited Liability Company
Operated from 1	L/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conju	unction with H	ospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds S	Set Up and Sta	ffed (12/31/05):	114	Title 18 (Medicare) Certified?	Yes
Total Licensed E	Bed Capacity (	12/31/05):	114	Title 19 (Medicaid) Certified?	Yes
Number of Reside	ents on 12/31/	05:	76	Average Daily Census:	82

Age, Gender, and Primary Diagnosis	Length of Stay (12/31/05)	%			
Primary Diagnosis	8	Age Groups 	*	   Less Than 1 Year   1 - 4 Years	38.2
Developmental Disabilities	0.0	Under 65	5.3	More Than 4 Years	23.7
Mental Illness (Org./Psy)	28.9	65 - 74	10.5	İ	
Mental Illness (Other)	1.3	75 - 84	32.9	İ	100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	38.2		
Para-, Quadra-, Hemiplegic	9.2	95 & Over	13.2	Full-Time Equivalent	
Cancer	2.6	İ		Nursing Staff per 100 Resid	lents
Fractures	9.2	İ	100.0	(12/31/05)	
Cardiovascular	6.6	65 & Over	94.7		
Cerebrovascular	6.6			RNs	11.3
Diabetes	10.5	Gender	%	LPNs	8.5
Respiratory	1.3			Nursing Assistants,	
Other Medical Conditions	23.7	Male	38.2	Aides, & Orderlies	39.7
		Female	61.8	i '	
	100.0				
			100.0		

## Method of Reimbursement

		edicare			edicaid itle 19			Other		:	Private Pay	<u>:</u>		amily Care			anaged Care	l 		
Level of Care	No.	96	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	9	100.0	317	 7	12.3	143	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	16	21.1
Skilled Care	0	0.0	0	49	86.0	124	2	100.0	140	8	100.0	168	0	0.0	0	0	0.0	0	59	77.6
Intermediate				1	1.8	104	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100.0		57	100.0		2	100.0		8	100.0		0	0.0		0	0.0		76	100.0

OMRO CARE CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/05
Deaths During Reporting Period				0 27 1'			
					% Needing		Total
Percent Admissions from:		Activities of	%		sistance of		Number of
Private Home/No Home Health	14.7	Daily Living (ADL)	Independent	One	Or Two Staff		Residents
Private Home/With Home Health	5.5	Bathing	0.0		92.1	7.9	76
Other Nursing Homes	2.8	Dressing	10.5		77.6	11.8	76
Acute Care Hospitals	76.1	Transferring	23.7		64.5	11.8	76
Psych. HospMR/DD Facilities	0.0	Toilet Use	17.1		63.2	19.7	76
Rehabilitation Hospitals	0.0	Eating	64.5		30.3	5.3	76
Other Locations	0.0	*****	******	*****	*****	******	*****
Total Number of Admissions	109	Continence		%	Special Treatmen	ts	8
Percent Discharges To:		Indwelling Or Extern	nal Catheter	7.9	Receiving Resp	iratory Care	14.5
Private Home/No Home Health	41.2	Occ/Freq. Incontiner	nt of Bladder	53.9	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freg. Incontiner	nt of Bowel	28.9	Receiving Suct	ioning	0.0
Other Nursing Homes	5.0	_			Receiving Osto	my Care	2.6
Acute Care Hospitals	11.8	Mobility			Receiving Tube	Feeding	2.6
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	3.9	Receiving Mech	anically Altered Diets	34.2
Rehabilitation Hospitals	0.0				5	•	
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	38.7	With Pressure Sores		3.9	Have Advance D	irectives	65.8
Total Number of Discharges		With Rashes		27.6	Medications		
(Including Deaths)	119				Receiving Psyc	hoactive Drugs	63.2

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

************	* * * * * * * * * * * *	*****	******	******	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	71.9	85.8	0.84	90.1	0.80	88.8	0.81	88.1	0.82
Current Residents from In-County	92.1	81.3	1.13	84.9	1.09	83.2	1.11	77.6	1.19
Admissions from In-County, Still Residing	22.9	16.8	1.37	18.1	1.27	18.7	1.22	18.1	1.27
Admissions/Average Daily Census	132.9	216.2	0.61	188.0	0.71	177.7	0.75	162.3	0.82
Discharges/Average Daily Census	145.1	217.8	0.67	191.1	0.76	179.2	0.81	165.1	0.88
Discharges To Private Residence/Average Daily Census	59.8	100.9	0.59	87.1	0.69	83.4	0.72	74.8	0.80
Residents Receiving Skilled Care	98.7	97.2	1.02	96.6	1.02	96.3	1.02	92.1	1.07
Residents Aged 65 and Older	94.7	91.5	1.04	90.0	1.05	91.3	1.04	88.4	1.07
Title 19 (Medicaid) Funded Residents	75.0	61.7	1.22	62.3	1.20	61.8	1.21	65.3	1.15
Private Pay Funded Residents	10.5	19.4	0.54	20.8	0.51	22.5	0.47	20.2	0.52
Developmentally Disabled Residents	0.0	0.9	0.00	0.9	0.00	1.1	0.00	5.0	0.00
Mentally Ill Residents	30.3	28.9	1.05	34.5	0.88	34.8	0.87	32.9	0.92
General Medical Service Residents	23.7	23.7	1.00	22.0	1.08	23.0	1.03	22.8	1.04
Impaired ADL (Mean)	44.5	47.9	0.93	48.8	0.91	48.4	0.92	49.2	0.90
Psychological Problems	63.2	59.1	1.07	59.9	1.05	59.5	1.06	58.5	1.08
Nursing Care Required (Mean)	10.7	7.1	1.51	7.3	1.47	7.2	1.49	7.4	1.44